

LIST TWO COWORKERS:

DESCRIBE DUTIES AND RESPONSIBILITIES:

DID YOU RECEIVE JOB PERFORMANCE EVALUATIONS WHILE WITH THIS COMPANY? _____ YES _____ NO

ARE YOU ELIGIBLE FOR REHIRE? _____ YES _____ NO

LIST REASONS FOR LEAVING THIS POSITION:

WORK EXPERIENCE:

CIRCLE APPROPRIATE JOB DESCRIPTION:

FULL TIME

PART TIME

TEMPORARY

SEASONAL

FROM:

TO:

NAME OF EMPLOYER/COMPANY:

ADDRESS:

CITY:

STATE:

ZIP:

PHONE:

HIGHEST SALARY:

POSITION HELD:

NAME OF LAST SUPERVISOR:

LIST TWO COWORKERS:

DESCRIBE DUTIES AND RESPONSIBILITIES:

DID YOU RECEIVE JOB PERFORMANCE EVALUATIONS WHILE WITH THIS COMPANY? _____ YES _____ NO

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ARE YOU ELIGIBLE FOR REHIRE? _____ YES _____ NO

LIST REASONS FOR LEAVING THIS POSITION:

WORK EXPERIENCE:

CIRCLE APPROPRIATE JOB DESCRIPTION:

FULL TIME PART TIME TEMPORARY SEASONAL

FROM: _____ TO: _____

NAME OF EMPLOYER/COMPANY:

ADDRESS:

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ HIGHEST SALARY: _____

POSITION HELD:

NAME OF LAST SUPERVISOR:

LIST TWO COWORKERS:

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LIST REASONS FOR LEAVING THIS POSITION:

WORK EXPERIENCE:

CIRCLE APPROPRIATE JOB DESCRIPTION:

FULL TIME PART TIME TEMPORARY SEASONAL

FROM: _____ TO: _____

NAME OF EMPLOYER/COMPANY:

ADDRESS:

CITY:

STATE:

ZIP:

PHONE:

HIGHEST SALARY:

POSITION HELD:

NAME OF LAST SUPERVISOR:

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DID YOU RECEIVE JOB PERFORMANCE EVALUATIONS WHILE WITH THIS COMPANY? _____ YES _____ NO

ARE YOU ELIGIBLE FOR REHIRE? _____ YES _____ NO

LIST REASONS FOR LEAVING THIS POSITION:

WORK EXPERIENCE:

CIRCLE APPROPRIATE JOB DESCRIPTION:

FULL TIME

PART TIME

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FROM:

TO:

NAME OF EMPLOYER/COMPANY:

ADDRESS:

CITY:

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ZIP:

PHONE:

HIGHEST SALARY:

POSITION HELD:

NAME OF LAST SUPERVISOR:

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WORK EXPERIENCE:

CIRCLE APPROPRIATE JOB DESCRIPTION:

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PART TIME

TEMPORARY

SEASONAL

FROM:

TO:

NAME OF EMPLOYER/COMPANY:

ADDRESS:

CITY:

STATE:

ZIP:

PHONE:

HIGHEST SALARY:

POSITION HELD:

NAME OF LAST SUPERVISOR:

LIST TWO COWORKERS:

DESCRIBE DUTIES AND RESPONSIBILITIES:

DID YOU RECEIVE JOB PERFORMANCE EVALUATIONS WHILE WITH THIS COMPANY? _____YES _____ NO

ARE YOU ELIGIBLE FOR REHIRE? _____YES _____ NO

LIST REASONS FOR LEAVING THIS POSITION:

WORK EXPERIENCE:

CIRCLE APPROPRIATE JOB DESCRIPTION:

FULL TIME

PART TIME

TEMPORARY

SEASONAL

FROM:

TO:

NAME OF EMPLOYER/COMPANY:

ADDRESS:

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ HIGHEST SALARY: _____

POSITION HELD: _____

NAME OF LAST SUPERVISOR: _____

LIST TWO COWORKERS: _____

DESCRIBE DUTIES AND RESPONSIBILITIES:

DID YOU RECEIVE JOB PERFORMANCE EVALUATIONS WHILE WITH THIS COMPANY? _____ YES _____ NO

ARE YOU ELIGIBLE FOR REHIRE? _____ YES _____ NO

LIST REASONS FOR LEAVING THIS POSITION:

PERIODS OF UNEMPLOYMENT:

RECORD ANY PERIOD OF UNEMPLOYMENT YOU HAVE HAD IN THE PAST TWENTY (20) YEARS (a period of unemployment is any time you did not have a job).

FROM: (MO/YR)	TO: (MO/YR)	TOTAL TIME UNEMPLOYED	REASON FOR UNEMPLOYMENT

EDUCATIONAL HISTORY:

LIST ALL ELEMENTARY, JUNIOR HIGH, HIGH SCHOOLS, COLLEGES, TECHNICAL OR TRADE SCHOOLS YOU HAVE EVER ATTENDED REGARDLESS OF WHETHER OR NOT YOU GRADUATED AND/OR COMPLETED THE PRESCRIBED COURSE OF STUDY. IF YOU LIST COLLEGES/UNIVERSITIES AND YOU DID NOT GRADUATE, INDICATE THE CORRECT NUMBER OF CREDIT HOURS YOU RECEIVED FROM EACH. IF YOU ATTENDED A TECHNICAL OR TRADE SCHOOL, INDICATE YOUR COURSE OF STUDY AND WHETHER YOU WERE AWARDED A DIPLOMA OR CERTIFICATE.

NAME AND TYPE OF SCHOOL LOCATION (CITY & STATE)	DATES ATTENDED FROM	DATES ATTENDED TO	DEGREE AND/OR CREDIT HOURS

HAVE YOU EVER BEEN EXPELLED FROM ANY SCHOOL YOU ATTENDED? _____ YES _____ NO

IF YES, GIVE SCHOOL, DATE(S), AND REASON: _____

HAVE YOU EVER BEEN PLACED ON ACADEMIC PROBATION? _____ YES _____ NO

IF YES, GIVE SCHOOL, DATE (S), AND REASON: _____

IF YOU ARE FLUENT IN A FOREIGN LANGUAGE, INDICATE EACH LANGUAGE AND YOUR DEGREE OF FLUENCY (EXCELLENT, GOOD, FAIR) IN EACH AREA:

LANGUAGE	READ	SPEAK/UNDERSTAND	WRITE

LICENSING:

LIST ANY SPECIAL LICENSES YOU HOLD (RADIO, PILOT, CHL, ETC.) SHOW LICENSING AUTHORITY, LICENSE NUMBER, EXPIRATION:

IF YOU ARE A LICENSED PEACE OFFICER, LIST SPECIALIZED TRAINING COURSES COMPLETED. ATTACH CERTIFICATES OF COMPLETION, IF APPLICABLE.

WHAT PROFICIENCY CERTIFICATE DO YOU CURRENTLY HOLD?

_____ BASIC _____ INTERMEDIATE _____ ADVANCED _____ MASTER

COURSE	HOURS	COURSE	HOURS

MILITARY SERVICE:

HAVE YOU REGISTERED WITH SELECTIVE SERVICE? _____ YES _____ NO

HAVE YOU EVER BEEN REJECTED FOR SERVICE BY ANY BRANCH OF THE ARMED FORCES? _____ YES _____ NO

IF YES, WHICH BRANCH? _____ WHEN? _____

HAVE YOU EVER BEEN A MEMBER OF ANY BRANCH OF THE UNITED STATES ARMED FORCES? _____ YES _____ NO

BRANCH: _____ SERVICE #: _____

DATE OF INDUCTION: _____ DATE DISCHARGED: _____

LAST UNIT ASSIGNED: _____

HIGHEST RANK ATTAINED: _____ TYPE DISCHARGE: _____

AWARDS RECEIVED: _____

WHILE IN THE MILITARY, WERE YOU EVER ARRESTED FOR AN OFFENSE WHICH RESULTED IN TRIAL BY DECK COURT, SUMMARY, SPECIAL OR GENERAL COURT MARTIAL? _____ YES _____ NO

IF YES, GIVE DATE, PLACE, LAW ENFORCEMENT AUTHORITY, TYPE OF COURT OR COURT MARTIAL, CHARGE, AND ACTION TAKEN FOR EACH INCIDENT: _____

ARE YOU CURRENTLY A MEMBER OF A U.S. RESERVE, NATIONAL, OR STATE GUARD ORGANIZATION? _____ YES _____ NO

WHAT ORGANIZATION? _____ RANK: _____

ARRESTS AND DETENTIONS:

HAVE YOU EVER BEEN ARRESTED BY THE POLICE? _____ YES _____ NO

HAVE YOU EVER BEEN DETAINED (OTHER THAN FOR A TRAFFIC VIOLATION) BY THE POLICE? _____ YES _____ NO

HAVE YOU EVER BEEN SUMMONED INTO COURT FOR A CRIMINAL OFFENSE? _____ YES _____ NO

HAVE YOU EVER BEEN CONFINED OR TREATED FOR A MENTAL HEALTH CONDITION OR CHEMICAL DEPENDENCY _____ YES _____ NO

IF YES, EXPLAIN EACH INCIDENT (LIST JUVENILE AS WELL AS ADULT OCCURENCES). USE ADDITIONAL SHEETS IF NECESSARY. FOR EACH INCIDENT, THE COURT DISPOSITION AND OFFENSE REPORT ARE REQUIRED.

CHARGE	DATE / LOCATION	DISPOSITION

DETAILED SYNOPSIS: _____

CHARGE	DATE / LOCATION	DISPOSITION

DETAILED SYNOPSIS: _____

CHARGE	DATE / LOCATION	DISPOSITION

DETAILED SYNOPSIS: _____

LITIGATION:

HAVE YOU EVER BEEN INVOLVED IN ANY KIND OF LAW SUIT (EVEN AS A WITNESS)? _____ YES _____ NO

WERE YOU SUED? _____ YES _____ NO

HAVE YOU EVER SUED ANYONE? _____ YES _____ NO

IF YES, EXPLAIN EACH INCIDENT. USE ADDITIONAL SHEETS IF NECESSARY. ATTACH COPIES OF ALL DOCUMENTS.

SUIT	DATE	DISPOSITION

DETAILED SYNOPSIS: _____

SUIT	DATE	DISPOSITION

DETAILED SYNOPSIS: _____

DRIVING RECORD:

HAVE YOU EVER DRIVEN A MOTOR VEHICLE, SINCE YOUR 17TH BIRTHDAY WITHOUT A VALID DRIVER'S LICENSE?

_____ YES _____ NO

HAVE YOU EVER DRIVEN A MOTOR VEHICLE, WITHIN THE PAST THREE YEARS WITHOUT PROPER INSURANCE?

_____ YES _____ NO

HAVE YOU EVER HAD YOUR DRIVER'S LICENSE SUSPENDED OR PLACED ON PROBATION? _____ YES _____ NO

IF YES, EXPLAIN (ATTACH ADDITIONAL SHEETS IF NECESSARY). SHOW DATE, TYPE OF SUSPENSION, AND DATE SUSPENSION WAS LIFTED:

HAVE YOU EVER KNOWINGLY DRIVEN A MOTOR VEHICLE AFTER YOUR DRIVER'S LICENSE WAS SUSPENDED OR REVOKED?

_____ YES _____ NO

HAVE YOU EVER HAD A VALID DRIVER'S LICENSE IN ANOTHER STATE? _____ YES _____ NO

IF YES, LIST DL NUMBER AND STATE: _____

HAVE YOU EVER BEEN DENIED A DRIVER'S LICENSE FOR ANY REASON? _____ YES _____ NO

IF YES, EXPLAIN: _____

HAVE YOU EVER BEEN INVOLVED IN AN ACCIDENT AND LEFT THE SCENE WITHOUT IDENTIFYING YOURSELF?

_____ YES _____ NO

HAVE YOU EVER STRUCK AN UNATTENDED VEHICLE AND THEN LEFT WITHOUT LEAVING PROPER IDENTIFICATION?

_____ YES _____ NO

HAVE YOU EVER BEEN INVOLVED IN AN ACCIDENT WHEN YOU WERE DRIVING AFTER YOU HAD BEEN DRINKING ANY TYPE OF ALCOHOLIC

BEVERAGE? _____ YES _____ NO

IF YES, EXPLAIN: _____

LIST, ALL MOVING AND NON-MOVING CITATIONS YOU HAVE RECEIVED IN THE PAST TWELVE (12) YEARS:

DATE	VIOLATION	AGENCY	DISPOSITION

LIST ALL ACCIDENTS IN WHICH YOU WERE INVOLVED AS A DRIVER IN THE PAST TWELVE (12) YEARS:

DATE	LOCATION	BRIEF DESCRIPTION

WITH WHAT COMPANY DO YOU CARRY AUTOMOBILE INSURANCE?

NAME: _____
 ADDRESS: _____
 CITY: _____ STATE: _____ ZIP: _____
 AGENT: _____ PHONE: _____

POLICY #: _____ EXP. DATE: _____

MARITAL AND FAMILY HISTORY:

MARITAL STATUS: (CIRCLE ONE)

SINGLE ENGAGED MARRIED SEPARATED DIVORCED WIDOWED

HOW MANY TIMES: MARRIED _____ DIVORCED _____

IF YOU ARE ENGAGED:

FULL NAME OF FIANCEE: _____

DOB: _____ DL#: _____ STATE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ BUS. PHONE: _____

IF YOU ARE MARRIED:

SPOUSE'S FULL NAME: _____

MAIDEN NAME: _____ DOB: _____

DL#: _____ STATE: _____ SS#: _____

DATE OF MARRIAGE: _____ CITY & STATE: _____

ATTACH COPY OF MARRIAGE CERTIFICATE

IF YOU ARE SEPARATED:

SPOUSE'S CURRENT ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ BUS. PHONE: _____

DATE OF MARRIAGE: _____ DATE OF SEPARATION: _____

DATE FILED: _____ COUNTY: _____ CAUSE #: _____

ATTACH COPY OF ORIGINAL PETITION FOR DIVORCE/SEPARATION, MARRIAGE DATE

IF YOU ARE DIVORCED:

FORMER SPOUSE'S CURRENT NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ BUS. PHONE: _____

DATE OF MARRIAGE: _____ DATE DECREE ISSUED: _____ CAUSE #: _____

CITY: _____ COUNTY: _____ STATE: _____

IF YOU HAVE HAD MORE THAN ONE DIVORCE, INCLUDE ADDITIONAL SHEETS AND ATTACH ALL FINAL DECREES.

LIST ALL CHILDREN RELATED TO YOU (NATURAL, STEPCHILD, ADOPTED):

NAME	DOB	RESIDENCE

LIST OTHER IMMEDIATE FAMILY MEMBERS (FATHER, MOTHER, BROTHERS, SISTERS) OF BOTH YOU AND YOUR SPOUSE. INCLUDE THOSE RELATED BY MARRIAGE. IF DECEASED, INDICATE YEAR OF DEATH.

FULL NAME: _____

DOB: _____ RELATIONSHIP: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ BUS. / CELL PHONE: _____

FULL NAME: _____

DOB: _____ RELATIONSHIP: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ BUS. / CELL PHONE: _____

FULL NAME: _____

DOB: _____ RELATIONSHIP: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ BUS. / CELL PHONE: _____

FULL NAME: _____

DOB: _____ RELATIONSHIP: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ BUS. / CELL PHONE: _____

FULL NAME: _____

DOB: _____ RELATIONSHIP: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ BUS. / CELL PHONE: _____

FULL NAME: _____

DOB: _____ RELATIONSHIP: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ BUS. / CELL PHONE: _____

FULL NAME: _____

DOB: _____ RELATIONSHIP: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ BUS. / CELL PHONE: _____

FULL NAME: _____

DOB: _____ RELATIONSHIP: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ BUS. / CELL PHONE: _____

FULL NAME: _____

DOB: _____ RELATIONSHIP: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ BUS. / CELL PHONE: _____

FULL NAME: _____

DOB: _____ RELATIONSHIP: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ BUS. / CELL PHONE: _____

FULL NAME: _____

DOB: _____ RELATIONSHIP: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ BUS. / CELL PHONE: _____

FULL NAME: _____

DOB: _____ RELATIONSHIP: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ BUS. / CELL PHONE: _____

FULL NAME: _____

DOB: _____ RELATIONSHIP: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ BUS. / CELL PHONE: _____

FULL NAME: _____

DOB: _____ RELATIONSHIP: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ BUS. / CELL PHONE: _____

FULL NAME: _____

DOB: _____ RELATIONSHIP: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ BUS. / CELL PHONE: _____

FULL NAME: _____

DOB: _____ RELATIONSHIP: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ BUS. / CELL PHONE: _____

IF YOU CURRENTLY SHARE A RESIDENCE WITH ANY PERSON (S) OTHER THAN FAMILY MEMBER (S), LIST BELOW:

FULL NAME: _____

DOB: _____ RELATIONSHIP: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ BUS. / CELL PHONE: _____

FULL NAME: _____

DOB: _____ RELATIONSHIP: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ BUS. / CELL PHONE: _____

FULL NAME: _____

DOB: _____ RELATIONSHIP: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ BUS. / CELL PHONE: _____

RESIDENCES:

LIST ALL RESIDENCES WHERE YOU HAVE LIVED FOR THE PAST TEN (10) YEARS. BEGIN WITH YOUR CURRENT RESIDENCE. LIST BY MONTH AND YEAR. INCLUDE APARTMENT COMPLEX NAMES AND OFFICE PHONE NUMBERS. ATTACH ADDITIONAL PAGES IF NECESSARY.

FROM/TO: _____ OFFICE PHONE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

APARTMENT COMPLEX NAME: _____

FROM/TO: _____ OFFICE PHONE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

APARTMENT COMPLEX NAME: _____

FROM/TO: _____ OFFICE PHONE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

APARTMENT COMPLEX NAME: _____

FROM/TO: _____ OFFICE PHONE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

APARTMENT COMPLEX NAME: _____

FROM/TO: _____ OFFICE PHONE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

APARTMENT COMPLEX NAME: _____

FROM/TO: _____ OFFICE PHONE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

APARTMENT COMPLEX NAME: _____

FINANCIAL HISTORY:

WHAT IS YOUR PRESENT SALARY/WAGE (MO-NET)? _____

WHAT IS YOUR SPOUSE'S OCCUPATION/WAGE (MO-NET)? _____

LIST ANY INCOME FROM ANY OTHER SOURCE OTHER THAN YOUR PRINCIPLE OCCUPATION (EXCLUDING YOUR SPOUSE):

SOURCE	AMOUNT	FREQUENCY

DO YOU OWN ANY REAL ESTATE? _____ YES _____ NO

LOCATION: _____ VALUE: _____

DO YOU OWN ANY BONDS (IRA'S, GOVERNMENT, ETC.)? _____ YES _____ NO

IF YES, VALUE: _____

DO YOU OWN ANY CORPORATE STOCK? _____ YES _____ NO

IF YES, VALUE: _____

BANK ACCOUNTS

TYPE ACCOUNT: _____ ACCOUNT #: _____

BANK NAME: _____ PHONE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

DATE OPENED: _____ BALANCE: _____

TYPE ACCOUNT: _____ ACCOUNT #: _____

BANK NAME: _____ PHONE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

DATE OPENED: _____ BALANCE: _____

TYPE ACCOUNT: _____ ACCOUNT #: _____

BANK NAME: _____ PHONE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

DATE OPENED: _____ BALANCE: _____

CREDITORS

LIST THE NAMES AND ADDRESSES OF COMPANIES, INDIVIDUALS, OR OTHERS TO WHOM YOU OWE MONEY AND THE AMOUNT OF YOUR DEBT. INCLUDE RENT, MORTGAGES, VEHICLE PAYMENTS, CHARGE ACCOUNTS, CREDIT CARDS, LOANS, CHILD SUPPORT PAYMENTS, AND ANY OTHER DEBTS AND PAYMENTS. INCLUDE ALL DEBTS OWED BY YOUR SPOUSE. USE ADDITIONAL SHEETS IF NECESSARY.

NAME OF CREDITOR: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

REASON FOR DEBT: _____ ACCT. #: _____

MONTHLY PAYMENT: _____ BALANCE DUE: _____

PAST DUE: _____ YES _____ NO

NAME OF CREDITOR: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

REASON FOR DEBT: _____ ACCT. #: _____

MONTHLY PAYMENT: _____ BALANCE DUE: _____

PAST DUE: _____ YES _____ NO

NAME OF CREDITOR: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

REASON FOR DEBT: _____ ACCT. #: _____

MONTHLY PAYMENT: _____ BALANCE DUE: _____

PAST DUE: _____ YES _____ NO

NAME OF CREDITOR: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

REASON FOR DEBT: _____ ACCT. #: _____

MONTHLY PAYMENT: _____ BALANCE DUE: _____

PAST DUE: _____ YES _____ NO

NAME OF CREDITOR: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

REASON FOR DEBT: _____ ACCT. #: _____

MONTHLY PAYMENT: _____ BALANCE DUE: _____

PAST DUE: _____ YES _____ NO

NAME OF CREDITOR: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

REASON FOR DEBT: _____ ACCT. #: _____

MONTHLY PAYMENT: _____ BALANCE DUE: _____

PAST DUE: _____ YES _____ NO

NAME OF CREDITOR: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

REASON FOR DEBT: _____ ACCT. #: _____

MONTHLY PAYMENT: _____ BALANCE DUE: _____

PAST DUE: _____ YES _____ NO

NAME OF CREDITOR: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

REASON FOR DEBT: _____ ACCT. #: _____

MONTHLY PAYMENT: _____ BALANCE DUE: _____

PAST DUE: _____ YES _____ NO

NAME OF CREDITOR: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

REASON FOR DEBT: _____ ACCT. #: _____

MONTHLY PAYMENT: _____ BALANCE DUE: _____

PAST DUE: _____ YES _____ NO

NAME OF CREDITOR: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

REASON FOR DEBT: _____ ACCT. #: _____

MONTHLY PAYMENT: _____ BALANCE DUE: _____

PAST DUE: _____ YES _____ NO

NAME OF CREDITOR: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

REASON FOR DEBT: _____ ACCT. #: _____

MONTHLY PAYMENT: _____ BALANCE DUE: _____

PAST DUE: _____ YES _____ NO

NAME OF CREDITOR: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

REASON FOR DEBT: _____ ACCT. #: _____

MONTHLY PAYMENT: _____ BALANCE DUE: _____

PAST DUE: _____ YES _____ NO

NAME OF CREDITOR: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

REASON FOR DEBT: _____ ACCT. #: _____

MONTHLY PAYMENT: _____ BALANCE DUE: _____

PAST DUE: _____ YES _____ NO

DO YOU OWN A BUSINESS? _____ YES _____ NO

IF YES, UNDER WHAT NAME AND DESCRIBE TYPE OF BUSINESS: _____

HAVE YOU EVERY FILED FOR A DBA (DOING BUSINESS AS)? _____ YES _____ NO

IF YES, GIVE DETAILS: _____

HAVE YOU EVER FILED FOR INCORPORATION? _____ YES _____ NO

IF YES, GIVE DETAILS: _____

HAVE YOU OR YOUR BUSINESS EVER BEEN FORECLOSED UPON? _____ YES _____ NO

IF YES, GIVE DETAILS: _____

HAVE YOU OR YOUR BUSINESS EVER BEEN IN BANKRUPTCY? _____ YES _____ NO

IF YES, GIVE DETAILS: _____

HAVE YOU OR YOUR BUSINESS EVER HAD PROPERTY REPOSSESSED? _____ YES _____ NO

IF YES, GIVE DETAILS: _____

HAS ANYONE EVER THREATENED TO TAKE YOU TO COURT FOR NONPAYMENT OF A BILL? _____ YES _____ NO

IF YES, GIVE DETAILS: _____

UNDETECTED CRIMES:

HAVE YOU EVER SOLD OR FURNISHED DRUGS OR NARCOTICS TO ANYONE? _____ YES _____ NO

IF YES, GIVE DETAILS: _____

HAVE YOU EVER TAKEN PRESCRIPTION DRUGS NOT PRESCRIBED TO YOU BY YOUR PHYSICIAN? _____ YES _____ NO

IF YES, GIVE DETAILS: _____

HAVE YOU EVERY TAKEN/USED ANY ILLEGAL NARCOTICS? _____ YES _____ NO

IF YES, GIVE DETAILS: _____

HAS ANOTHER INDIVIDUAL EVER USED DRUGS IN YOUR PRESENCE? _____ YES _____ NO

IF YES, GIVE DETAILS: _____

PERSONAL REFERENCES:

LIST SEVEN PERSONS WHO KNOW YOU WELL ENOUGH TO PROVIDE CURRENT INFORMATION ABOUT YOU. DO NOT LIST FAMILY MEMBERS OR CURRENT OR FORMER EMPLOYERS:

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

OCCUPATION: _____ RELATIONSHIP: _____

HOME PHONE: _____ BUS. / CELL PHONE: _____

E-MAIL ADDRESS: _____

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

OCCUPATION: _____ RELATIONSHIP: _____

HOME PHONE: _____ BUS. / CELL PHONE: _____

E-MAIL ADDRESS: _____

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

OCCUPATION: _____ RELATIONSHIP: _____

HOME PHONE: _____ BUS. / CELL PHONE: _____

E-MAIL ADDRESS: _____

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

OCCUPATION: _____ RELATIONSHIP: _____

HOME PHONE: _____ BUS. / CELL PHONE: _____

E-MAIL ADDRESS: _____

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

OCCUPATION: _____ RELATIONSHIP: _____

HOME PHONE: _____ BUS. / CELL PHONE: _____

E-MAIL ADDRESS: _____

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

OCCUPATION: _____ RELATIONSHIP: _____

HOME PHONE: _____ BUS. / CELL PHONE: _____

E-MAIL ADDRESS: _____

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

OCCUPATION: _____ RELATIONSHIP: _____

HOME PHONE: _____ BUS. / CELL PHONE: _____

E-MAIL ADDRESS: _____

MEMBERSHIPS IN ORGANIZATIONS (PAST AND PRESENT):

LIST YOUR PAST AND PRESENT MEMBERSHIPS IN GROUPS, ASSOCIATIONS, AND CLUBS. INDICATE THE OFFICIAL NAME OF THE ORGANIZATION, TYPE OF ORGANIZATION (SOCIAL, FRATERNAL, ETC). PERIOD OF MEMBERSHIP (FROM/TO), ADDRESS (INCLUDE CITY, STATE, ZIP), AND ANY OFFICE YOU HELD IN THE ORGANIZATION.

Social Media:

Do you have accounts on social media/networking sites? _____Yes _____No

If yes please list which sites:

****As part of the background investigation you may be required to allow the background investigator to view your social networking page and we may contact persons listed as friends or associates to verify your character.**

MISCELLANEOUS INFORMATION:

DO YOU OR YOUR SPOUSE HAVE A RELATIVE CURRENTLY EMPLOYED BY THE CITY OF CIBOLO ? _____ YES _____NO

IF YES, GIVE THE NAME, RELATIONSHIP, AND POSITION OF THE RELATIVE.

HAVE YOU EVER MADE APPLICATION FOR EMPLOYMENT TO ANY OTHER LAW ENFORCEMENT AGENCY? _____ YES _____ NO

IF YES, LIST AGENCIES WITH WHICH YOU HAVE APPLIED. INDICATE THE DATE OF THE APPLICATION, THE POSITION APPLIED FOR, AND THE PRESENT STATUS OF THE APPLICATION:

<u>CITY/ORGANIZATION</u>	<u>DATE</u>	<u>POSITION</u>	<u>APPLICATION STATUS</u>
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IF YOU HAVE PREVIOUSLY WORKED FOR ANY EMERGENCY SERVICE PROVIDER (FIRE, POLICE, OR E.M.S.) LIST ANY AND ALL INTERNAL INVESTIGATIONS IN WHICH YOU WERE LISTED AS A PARTY OR WERE THE FOCUS OF ANY INVESTIGATION, GIVE DATES AND DETAILS. USE ADDITIONAL SHEETS IF NECESSARY.

ARE THERE ANY INCIDENTS IN YOUR LIFE NOT MENTIONED HEREIN WHICH MAY REFLECT UPON YOUR SUITABILITY TO PERFORM THE DUTIES OF A POLICE OFFICER, INFLUENCE THE ACTIONS YOU MAY BE REQUIRED TO TAKE, OR WHICH MIGHT REQUIRE FURTHER EXPLANATION? _____ YES _____NO

IF YES, EXPLAIN:

ATTACH A DESCRIPTION, IN YOUR OWN WORDS, OF YOUR FREQUENCY AND EXTENT OF USE OF INTOXICATING LIQUORS.

IF IT BECAME NECESSARY TO TAKE A HUMAN LIFE IN THE COURSE OF YOUR DUTIES AS A POLICE OFFICER, WOULD ANY RELIGIOUS OR OTHER BELIEFS PREVENT YOU FROM DOING SO? _____ YES _____NO

DO YOU NOW, OR HAVE YOU EVER, BELONGED TO OR ASSOCIATED WITH ANY GROUP OR ORGANIZATION WHICH ADVOCATES OR SUPPORTS THE VIOLENT OVERTHROW OF THE GOVERNMENT OF THE UNITED STATES? _____ YES _____NO

DO YOU NOW, OR HAVE YOU EVER, BELONGED TO OR ASSOCIATED WITH ANY GROUP OR ORGANIZATION WHICH MIGHT BE CONSIDERED RADICAL OR SUBVERSIVE? _____ YES _____NO

IF YOUR RESPONSE TO ANY OF THE ABOVE QUESTIONS IS YES, ATTACH AN ADDITIONAL SHEET AND EXPLAIN.

EMERGENCY INFORMATION:

IN CASE OF INJURY OR OTHER EMERGENCY NOTIFY:

NAME:

ADDRESS:

CITY:

STATE:

ZIP:

DAYTIME PHONE:

CELL PHONE:

PAGER: _____

AFFIRMATION:

I SWEAR AND AFFIRM THAT THE FACTS AND INFORMATION CONTAINED IN THIS PERSONAL HISTORY STATEMENT ARE TRUE AND CORRECT. I FULLY UNDERSTAND THAT ANY FALSIFICATION, MISSTATEMENT, DECEPTION, OR OMISSION OF ANY MATERIAL INFORMATION MAY RESULT IN THE REJECTION OF MY APPLICATION FOR EMPLOYMENT.

FURTHER, I UNDERSTAND THAT, IN THE EVENT I AM EMPLOYED BY THE CITY OF CIBOLO, ANY FALSIFICATION, MISSTATEMENT, DECEPTION, OR OMISSION OF ANY MATERIAL INFORMATION MAY RESULT IN THE TERMINATION OF MY EMPLOYMENT.

SIGNED:

USUAL SIGNATURE OF APPLICANT

DATE

NOTE: THIS DOCUMENT IS NOT VALID UNLESS SIGNED BY THE APPLICANT.

Print your name on the back of a front view photograph taken during the past six months.

Attach photograph here securely with past, tape or staples.